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CONFIRMATION NO. 7268

<b>SERIAL NUMBER</b> 10/820,467	<b>FILING OR 371(c) DATE</b> 03/30/2004 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1646	<b>ATTORNEY DOCKET NO.</b> A-71431-4
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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 10/676,705 09/30/2003 and claims benefit of 60/489,725 07/24/2003 and claims benefit of 60/477,246 06/10/2003 and said 10/676,705 09/30/2003 claims benefit of 60/415,541 10/01/2002

BOH 9/8/06

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

no BOH 9/8/06

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
 \*\* 06/24/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 13	<b>TOTAL CLAIMS</b> 15	<b>INDEPENDENT CLAIMS</b> 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance				
Verified and Acknowledged	Examiner's Signature <i>Burke S. Hays</i>	Initials <i>BOH</i>		

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**TITLE**

Interferon variants with improved properties

<b>FILING FEE RECEIVED</b> 460	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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